

HOYLAND NETHER  
URBAN DISTRICT COUNCIL

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# ANNUAL REPORT

of the


MEDICAL OFFICER OF HEALTH

for the year

1964

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URBAN DISTRICT COUNCIL

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**HOYLAND NETHER URBAN DISTRICT COUNCIL  
HEALTH COMMITTEE 1964**

Councillor J. SIMPSON (Chairman)  
„ B. DOYLE, J.P.  
„ J. N. ASHMORE (Chairman of the Council)  
„ L. BURTOFT (died 8/3/65)  
„ Mrs. M. GILLIS (Vice-Chairman of the Council)  
„ W. HYDE  
„ J. A. LOY  
„ T. QUILTER  
„ H. SMITH, B.E.M.  
„ Mrs. B. WILDSMITH  
„ W. FORD

**STAFF OF THE HEALTH DEPARTMENT**

**Medical Officer of Health**

J. MAIN RUSSELL, M.B., Ch.B., B.Hy., D.P.H.

**Deputy Medical Officer of Health and  
Senior Assistant County Medical Officer**

F. C. ARMSTRONG, M.B., Ch.B., D.P.H.

**Chief Public Health Inspector**

WILLIAM G. DANKS, M.R.S.H., M.A.P.H.I., Cert.M.& F.I.  
(Died 4/3/64)

**Additional Public Health Inspector**

H. SMITH, M.A.P.H.I., A.R.S.H., Cert.M.& F.I.  
(Appointed Chief Public Health Inspector 1/4/64)

**Student Public Health Inspector**

M. S. GRAY

**Clerk**

Miss A. OXLEY

**OFFICIAL ADDRESS OF MEDICAL OFFICER OF HEALTH**

Divisional Health Office,  
Division No. 22,  
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High Green,  
Nr. Sheffield  
Telephone: High Green 292



# HOYLAND NETHER URBAN DISTRICT COUNCIL

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## Annual Report of the Medical Officer of Health for the year 1964

To the Chairman and Members of the Hoyland Nether Urban District Council.

Ladies and Gentlemen,

I have the honour to submit my Annual Report upon the Health Services of the Hoyland Nether Urban District for the year ended 31st December, 1964, and as in previous years I have included some details about the extent of the Part III Services as used in the district.

The Vital Statistics for 1964 are much more favourable than were those for 1963. The Birth Rate, at 16.8 per 1,000 of the population is higher than that for 1963 but still keeps below that for the rest of the country. The Corrected Rate for the district is 17.0

The Death Rate has fallen considerably and at 9.4 per 1,000 of the population it is not only much better than that for the rest of the country but, in fact, is the lowest rate we have had since 1955. The Corrected Rate is 11.0

The Still Birth Rate shows an unfortunate upward trend and at 22.1 per 1,000 Live and Still Births it is much higher than that for England and Wales (16.3) and the West Riding Administrative County (17.6). One is at a loss to try to explain this increased trend and the fluctuations in Rate from year to year. At first sight it would suggest something in the Ante-natal care of the expectant mother. I must assure you that this can hardly be the case in this instance. The expectant mother gets excellent care both from the family doctor and from the Medical Officer and midwifery staff at the local Ante-natal clinic. Nothing is spared to see that all is done to help the patients and one is unaware of anything more that can be done. It is obvious that we must concentrate more on this problem.

The Infantile Mortality Rate for the country has fallen steadily these past two or three decades. In 1963 the Rate was the lowest ever recorded in England and Wales — the 1964 figure is lower still 20.0. In Hoyland Nether the Rate is 11.3 for the same period. This is good. I hope it continues thus. The total number of Infantile Deaths was 3. Of these 2 died less than a week after birth due to Prematurity and Respiratory Failure respectively. The third was a 3 months old infant who was accidentally asphyxiated.

The Principal Cause of Death at all ages was “Diseases of the Circulatory System including Heart Disease”. There were 26 deaths, about 1 in every 3 due to Coronary Heart Disease (2 less than in 1963). From time to time various suggestions, or theories, are forthcoming as to the probable causal factor in this modern killer disease. Amongst them all, those most commonly mentioned are lack of exercise, overweight, over worry and excessive cigarette smoking. I wonder if people have forgotten how to relax? Or is it that we have not the time to do so these busy days? It is a problem worth thinking about.

The next principal cause of death was Malignant Disease — a total of 28, of which 4 were due to Cancer of the Lung, 3 less than in 1963. Cancer of the Lung can be produced by excessive smoking of cigarettes. Can we, at least, get the young folks to refrain from taking up this habit? Can we get those who have already embarked upon the habit to stop, now? Is it possible to persuade those inveterate smokers to cut down their consumption? What CAN we do? We have used every means at our disposal to get over the “message” of “Smoking and Cancer of the Lung”. I do believe, however, many more are thinking about the problem than we appreciate. I hope they go on doing so and that they get many more to help them think!

There was much less Bronchitis in 1964 than in previous years. This does not in any way mean we must be complacent about one of the prime causes of this disease — atmospheric pollution. Really, we must not allow pollution of the air we breathe to continue much longer. It seems that smoke, dust and gases which are poured into the atmosphere is the price we have to pay for our Industrial progress. It is a heavy price to have to pay. It must be our aim to see that the air we breathe shall be pure and innoxious. Much has still to be done but the trend is improvement and that is comforting.

In all, 6 deaths were due to Violence, 1 being a child of 2 years killed whilst a passenger in a car which was involved in an accident. The others were an elderly man in his 80s who died as the result of a fall; one man in his 20s who died following hanging; one



woman in her 30s who died from poisoning; a teenage youth following an accident at work and an infant of 3 months who died from asphyxia.

The two active Safety Committees are still doing good work in Hoyland and district. They still meet regularly and progressive thinking is very apparent at these meetings. One has tended to notice a slight falling off in enthusiasm so far as the Home Safety Committee is concerned whilst the Road Safety Committee maintains a more active interest. It is very often the case that interest in Home Safety wanes—I have noticed for years that enthusiasm seems to become luke-warm rather more quickly than that for Road Safety. I wonder why? The number of deaths from Home Accidents, not taking into account the vastly greater number of permanently disabled through accidents in the home, would expect one to take for granted that there would be tremendous interest in the subject. I agree that it is a subject which the public takes long to notice — competition for the attention of people's interest too great these days. Only those subjects with extraordinary impact seem to get the attention. I am sure the majority of people are interested in the safety of their homes and I would like to have some indication of what else we can do to get them to volunteer their help and advice in a corporate effort to bring the problem to bear on others less interested. Our committees at Hoyland are far from idle. On the contrary they do excellent work and I am grateful to them for that help. I hope those who read these comments might take stock of the situation and ask themselves the question, "How can I help?" A call at the Health Department, a word with a Health Visitor or a chat with the very competent secretary of the Hoyland Home Safety Committee would soon answer that one. The Local Health Authority have available all the necessary equipment to help in the teaching of this subject. There is no medium for communicating to the public our aims and wishes which cannot be obtained within certain wide limits. There are now one or two permanent exhibitions available to use at functions such as Shows, Galas, etc. and these exhibitions are very interesting. Anyone wanting the use of one can get it by applying to me and giving me reasonable notice of time and place.

There was a considerable improvement in the Infectious Diseases picture compared with 1963. In all there were 143 cases, 111 less than in the previous year. The highest number of notifications was Measles, 108. The remainder were principally Scarlet Fever, 17 (2 less than in 1963); Dysentery, 8 (none in 1963); Pneumonia, 6 (12 in 1963). There was 1 isolated incident of food poisoning notified when a child was admitted to Hospital suffering from suspected

Dysentery. After investigation the case was diagnosed Food Poisoning caused by the organism *Salmonella Typhimurium*. Despite exhaustive searching at the child's home we failed to find the source of the infection; and it was further ascertained that no other member of the family suffered any symptoms suggestive of the infection. There seemed to be a sharp incidence of Dysentery affecting persons of all ages which was most in evidence during the latter half of the year. The disease was prevalent to some extent in the surrounding districts as well. These outbreaks are difficult to control and we did our best to contain this one to minimal limits. It was a case of exhorting particular attention to Personal Hygiene by everyone in the township. After all the spread of infections of the Gastro intestinal type is caused by handling food, and food utensils, knives, forks, spoons, plates etc. without previously washing the hands. Health Education could avert the spread of this type of disease since everyone would know the mode of spread and act accordingly. But it is difficult, as I have said before, to get people to listen and learn about such things. Notwithstanding all this I still congratulate the people of Hoyland in their general standards of personal hygiene. This number of cases is relatively small, and there was none of the other gastro-intestinal infections we used to come up against so regularly as summer came around. I feel I can say quite confidently that our work has not been in vain and the people have co-operated well.

The Chief Public Inspector has provided all the statistics and incidental comment on that part of the report dealing with Sanitary Circumstances. There are in all 5,380 houses in Hoyland Nether and all receive a water supply from the public supply main. The water is checked at very frequent intervals and in every case was found to be completely satisfactory both quantitatively and qualitatively. During the year water from the Derwent scheme was introduced into the main supply and this had the effect of softening the water which had been rather hard and came, mainly, from bore holes. Also, there were introduced certain tests to detect wastage of water, which, I understand, effected a saving of about 20,000 gallons daily. New water mains were laid in Millhouses Street, Allendale Road, Church Street and Stead Lane and it is hoped to provide further mains in the development areas.

Sewerage and Sewage Disposal gives us no concern. Except in 37 instances all 5,380 houses have sewage disposal systems connected direct to the sewer. The others are, 25 with satisfactory private drainage and 12, less satisfactory; these are chiefly pail closets which are regularly emptied, and are situated in places rather isolated and where there are neither sewers nor mains water supplies.



Slum Clearance projects were pursued with vigour in 1964 with 3 Clearance Areas confirmed and 1 still under consideration awaiting Ministry approval. In all 20 houses were involved. The districts were, Bethel Street, Hill Street, Elsecar and Elm Street. At the time of preparation of this report preliminary work is being carried out in connection with other schemes.

In concluding the introduction to this report I would like to offer my thanks to the Chairman and members of the Health Committee for their encouragement throughout the year. I wish to offer my thanks to the Clerk of the Council and his staff for their co-operative interest in the work of the department. To Mr. Smith and his staff I wish to extend my gratitude for all their personal kindness to me and their devotion to the duties of the department. Theirs has not been an easy task confronted so suddenly at the beginning of the year, following the sudden death of Mr. W. G. Danks, with the full responsibility of the Public Health Inspectorate. They have done well.

Finally I wish to offer my grateful thanks to my colleague Dr. F. C. Armstrong for his willing co-operation and advice; and for his obvious enthusiasm for the work in the Environmental and Personal Health fields.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health

## DISTRICT STATISTICS IN BRIEF

The Hoyland Nether Urban District covers an acreage of 1,998 acres. The district is divided into four Wards and the acreage and the number of houses in each is as follows:—

Ward				Acreage	No. of Houses
Hoyland	.....	.....	.....	262	1,867
Hoyland Common	.....	.....	.....	372	1,208
St. Peter's	.....	.....	.....	749	1,005
Elsecar	.....	.....	.....	615	1,300
Total				<hr/> 1,998 <hr/>	<hr/> 5,380 <hr/>

The Rateable Value of the district is £318,283 whilst the product of a penny rate is £1,235 10s. 4d. as at 1st April, 1964.

## VITAL STATISTICS

### POPULATION

The Registrar-General has given his estimation of the population at mid-1964 as 15,740. This is a decrease of 90 on the 1963 figure.

### BIRTHS

There were 265 live births registered in the district during the year. Of these 137 were male and 128 female. This is 10 more than the figure for 1963. There were 19 illegitimate births, 9 male and 10 female.

### STILL-BIRTHS

There were 6 still-births during the year (3 male and 3 female). There were two illegitimate still-births, both male.

### DEATHS

148 deaths were attributed to the district. This figure is 30 less than the figure for 1963.

Set out opposite are tables of Live Birth Rates, Still-birth Rates and Crude Death Rates, with rates for England and Wales and for the Administrative County of the West Riding.

## LIVE BIRTHS

(Rates per 1,000 of the Population)

Year			England and Wales	West Riding Administrative County	Hoyland Nether U.D.
1964	.....	.....	18.4	18.5	16.8
1963	.....	.....	18.2	18.2	16.1
1962	.....	.....	18.0	17.8	18.1
1961	.....	.....	17.4	17.2	16.5
1960	.....	.....	17.1	16.9	14.5

## DEATHS (Crude Death Rate)

1964	.....	.....	11.3	11.5	9.4
1963	.....	.....	12.2	12.0	11.2
1962	.....	.....	11.9	12.0	11.9
1961	.....	.....	12.0	12.1	11.9
1960	.....	.....	11.5	11.5	10.6

## STILL BIRTHS

(Rates per 1,000 Live and Still-births)

1964	.....	.....	16.3	17.6	22.1
1963	.....	.....	17.3	18.7	19.2
1962	.....	.....	18.1	18.5	6.9
1961	.....	.....	18.7	20.2	11.4
1960	.....	.....	19.7	22.4	37.5



## PRINCIPAL CAUSES OF DEATH

### INFECTIVE DISEASES

	Male	Female	Total
Tuberculosis, Respiratory .....	2	—	2

### CANCER

Stomach .....	2	4	6
Lung and Bronchus .....	4	—	4
Uterus .....	—	1	1
Other sites including Leukaemia .....	7	5	12
Breast .....	—	5	5

### NERVOUS SYSTEM

Vascular Lesions of Nervous System .....	16	17	33
Diabetes .....	—	1	1

### CIRCULATORY SYSTEM

Coronary Disease, Angina .....	18	8	26
Hypertension with Heart Disease .....	—	1	1
Other Heart Diseases .....	6	6	12
Other Circulatory Diseases .....	5	4	9

### RESPIRATORY SYSTEM

Pneumonia .....	5	3	8
Bronchitis .....	8	1	9
Other Diseases of Respiratory System .....	—	—	—

### DIGESTIVE SYSTEM

Gastritis, Enteritis and Diarrhoea .....	—	—	—
Ulcer of Stomach and Duodenum .....	2	—	2

### GENITO-URINARY SYSTEM

Hyperplasia of Prostate .....	2	—	2
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### VIOLENCE

Motor Vehicle accidents .....	1	—	1
All other accidents .....	3	2	5
Suicide .....	1	1	2

### CONGENITAL MALFORMATIONS

—	1	1
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### OTHER DEFINED AND ILL- DEFINED DISEASES

1	5	6
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## AGE DISTRIBUTION OF DEATHS

		1960	1961	1962	1963	1964
Under 1 year	.....	1	5	6	6	3
1 to 2 years	.....	—	—	—	—	2
2 to 5 years	.....	4	2	—	1	—
5 to 15 years	.....	—	—	2	2	1
15 to 25 years	.....	1	1	3	—	1
25 to 45 years	.....	10	10	6	6	7
45 to 65 years	.....	37	45	36	46	33
65 years and over	.....	116	125	135	117	101
Total	.....	169	188	188	178	148

## INFANTILE MORTALITY

There were 3 deaths of infants under the age of 1 year (3 female), equivalent to a rate of 11.3 per 1,000 live births.

## DEATHS UNDER 1 YEAR

(Rates per 1,000 Live Births)

Year			England and Wales	West Riding Administrative County	Hoyland Nether U.D.
1964	.....	.....	20.0	22.2	11.3
1963	.....	.....	20.9	23.0	23.5
1962	.....	.....	21.4	23.3	20.9
1961	.....	.....	21.4	24.6	19.2
1960	.....	.....	21.7	22.5	4.3

**TABLE SHOWING AGE DISTRIBUTION  
OF INFANTILE DEATHS**

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
Respiratory Failure ....	1	—	—	—	1	—	—	—	—	1
Prematurity ....	1	—	—	—	1	—	—	—	—	1
Asphyxia ....	—	—	—	—	—	—	1	—	—	1
<b>Total</b> ....	2	—	—	—	2	—	1	—	—	3
1963 ....	1	—	—	—	1	1	3	—	1	6
1962 ....	4	—	—	—	4	—	1	1	—	6
1961 ....	3	—	—	—	3	1	—	1	—	5
1960 ....	—	1	—	—	1	—	—	—	—	1

### **MATERNAL MORTALITY**

There were no maternal deaths during the year.

### **EPIDEMIC DISEASES**

The following table shows the principal causes of death in the Epidemic Diseases (other than Tuberculosis). Group over the past five years.

DISEASE	1959	1960	1961	1962	1963
Diarrhoea (under 2 years) ....	—	—	—	1	—
Whooping Cough ....	—	—	—	—	—
Cerebro-Spinal Meningitis ....	—	—	—	—	—
Influenza ....	—	—	5	3	—
Acute Poliomyelitis ....	1	1	—	—	—

INQUESTS were held on 13 occasions and in 18 cases the cause of death was certified by the Coroner after Post Mortem Examination without inquest.

## NATIONAL HEALTH SERVICE ACTS, 1946/57

### VITAL STATISTICS

Live Births .....	265
Live Birth Rate per 1,000 population .....	16.8
Illegitimate Live Births per cent of total live births .....	7.1
Still-births .....	6
Still-birth Rate per 1,000 total live and still-births .....	22.1
Total Live and Still-births .....	271
Infant Deaths (deaths under 1 year) .....	3

### INFANT MORTALITY RATES

Total infant deaths per 1,000 total live births .....	11.3
Legitimate infant deaths per 1,000 legitimate live births .....	12.1
Illegitimate infant deaths per 1,000 illegitimate live births	nil
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) .....	7.5
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) .....	7.5
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births) .....	29.5

### MATERNAL MORTALITY (including abortion)

Number of deaths .....	nil
Rate per 1,000 total live and still-births .....	nil



# **ATTACK RATE OF COMMONER INFECTIOUS DISEASES** (per 1,000 of Population)

Disease	England and Wales	West Riding Adminis- trative County	Hoyland Nether U.D.
Scarlet Fever     ....     ....     ....	0.42	0.70	1.08
Pneumonia     ....     ....     ....	0.20	0.21	0.37
Measles     ....     ....     ....     ....	6.47	8.41	6.08
Whooping Cough     ....     ....	0.67	0.87	0.06
Erysipelas     ....     ....     ....	0.04	0.04	0.06
Dysentery     ....     ....     ....	0.43	0.25	0.50
Poliomyelitis (Paralytic)....     ....	0.00	0.00	0.00
,,     (Non-Paralytic)     ....	0.00	0.00	0.00
Meningococcal Infection     ....	0.01	0.01	0.00
Paratyphoid Fever     ....     ....	0.00	0.00	0.00
Typhoid Fever     ....     ....     ....	0.00	0.00	00.0



# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

## INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS

During the year a total of 143 cases of Infectious Diseases were notified. Set out below are tables which are self-explanatory.

DISEASE	1964	1963	1962	1961	1960
Dysentery ....	8	—	79	3	6
Scarlet Fever ....	17	19	12	15	21
Pneumonia ....	6	12	37	39	18
Whooping Cough ....	1	7	17	4	9
Measles ....	108	214	104	347	147
Erysipelas ....	1	1	—	—	2
Diphtheria ....	—	—	—	—	—
Puerperal Pyrexia ....	1	—	1	1	—
Meningococcal Infection ....	—	—	—	1	—
Poliomyelitis and Polioencephalitis ....	—	—	—	1	—
Food Poisoning ....	1	1	—	—	4
Paratyphoid Fever ....	—	—	5	—	—
Totals ....	143	254	255	411	207

# DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS

DISEASE	Age Group	0—1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—10 yrs.	10—15 yrs.	15—25 yrs.	25—35 yrs.	35—45 yrs.	45—65 yrs.	65 and over	Unknown	TOTALS
Measles ....	...	6	12	17	21	14	36	3	1	1	—	—	—	1	108
Scarlet Fever ....	...	—	—	1	4	3	5	3	—	1	—	—	—	—	17
Whooping Cough ....	...	—	—	—	1	—	1	—	—	—	—	—	—	—	1
Acute Pneumonia ....	...	—	—	—	—	—	2	3	—	—	2	2	1	—	9
Dysentery ....	...	1	—	—	—	—	1	—	—	—	—	—	—	—	8
Food Poisoning ....	...	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Erysipelas ....	...	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis(Para.)	...	—	—	—	—	—	—	—	—	—	—	—	—	—	1
” ” (Non-Pa.)	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ....	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox....	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	...	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Puerperal Pyrexia	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS....	...	7	12	18	26	17	45	6	2	1	4	3	1	1	143

## SCARLET FEVER

There were 17 cases of Scarlet Fever notified during the year 2 less than in 1963. This gave an Attack Rate of 1.08 which was slightly higher than that for England and Wales at 0.42 and that for the Administrative County of the West Riding at 0.70. Of the total 5 were in the age group 5—10 years which is the usual picture. But there were also 8 in the age group 0—5 years and 3 over the age of 10 and under the age of 15 years. There was one case in the late 20s. In all, 12 cases were admitted to hospital as it was found to be difficult to treat and isolate the cases satisfactorily at home. The distribution of the cases was: Hoyland 8, Elsecar 3, Hoyland Common 6. There were 5 cases notified in the first quarter, 4 in the second, 7 in the third and 1 in the fourth. The disease was mild in type and there was no resultant morbidity.

## DIPHTHERIA

As we have now come to expect there was no diphtheria during the year. This is good. Control of the disease is no longer a problem. This is a disease which should be prevented and can only be done by individual prevention for every family. In England and Wales in 1963 there were 33 cases which was more than twice the number recorded in 1962. There were 2 deaths amongst them, cases of either non-immunised children or with doubtful immunisation history. It is so important to “plug” away at the need for this protection for all children and for the need for re-inforcing doses of the antigen at regular intervals. So far as my staff is concerned this teaching of the importance of immunisation is always going on. In fact it is seldom, if ever, that a mother fails to have her child protected whilst in attendance at the Child Welfare Clinics. If not there, then the family doctors are performing this service in their own surgeries.

There was a decrease in demand for immunisation during the year under review. In all 212 children received the protection. This was 11 less than in 1963. Of these 195 were in the age group 0-5 years, and 17 in the age group 5—15 years. “Booster” doses were provided at the age of 5 years, usually when the child came for the first school medical inspection on entering school for the first time. There was a big increase in the number here—a total of 311, a marked improvement on the figure of 144 in 1963.



## WHOOPING COUGH

Only one case of Whooping Cough was notified during the year. The incidence of this disease has been falling over the last few years — there were only 7 in 1963 and 17 in 1962. Immunisation against the disease is becoming a routine matter in the child's early life. At the clinic, or at the family doctor's surgery, immunisation is obtained either as a single antigen or, as is most usual, in a triple antigen along with Diphtheria and Tetanus. The demand for protection is quite good — in fact it is, as I have already stated, an accepted part of the child's upbringing. A few are less concerned about it and these are the ones we try to find out and persuade to accept the protection. We usually succeed. The case which occurred in 1964 was a 3 year old child who had had the course of immunisation. We always check every notification and cross-check to see if there has been any immunisation history. In this case there was. One cannot explain why this should happen other than to say that, either, the child was very susceptible and immunisation had lessened the severity of the attack or that immunity had not been acquired soon enough before infection. One does not wish to create any feeling of doubt about the value of this protection just because of an instance like this. Absolute protection has never been guaranteed. But the exercise is well worth pursuing with vigour.

In all 195 children received a course of immunisation during 1964 compared with a total of 216 in 1963.

## MEASLES

There are fewer cases of Measles in 1964 compared with 1963. In all there were 108. This disease is a biennial visitor and has not been so very active these past few years as there were only 214 cases in 1963 and 104 in 1962. The disease is very infectious and its spread is very rapid. It is a very dangerous illness as well and can lead to all sorts of unfortunate complications. I would advise all parents to watch for the early symptoms of cough, conjunctivitis, and feverishness which the child may show and at once call in the family doctor. If measles is prevalent it is most important that a doctor sees the child. It is, also, most important that the child does not resume his, or her, usual routine of mixing with small play friends until the doctor has said it is safe to do so. We are hoping that ere long we will be offering to parents the benefits of vaccination against this disease in the same

manner in which we offer it for Diphtheria, Whooping Cough, Poliomyelitis, Tuberculosis and Tetanus. We are awaiting the final results of the trials that are now in progress and are hopeful for an early decision. I understand the results are encouraging but final assessments are not yet to hand.

The cases which occurred in 1964 were distributed as follows: first quarter 15, 2nd quarter 10, 3rd quarter 78 and 4th quarter 5. They were notified as 36 from St. Peter's Ward, 32 from Elsecar, 24 from Hoyland and 16 from Hoyland Common.

## **POLIOMYELITIS**

The district was free from Poliomyelitis during 1964. The year 1963 saw the lowest number of cases ever recorded in the country. This is what we expect as the result of the degree of immunity developed due to the routine immunisation of the young members of the population. We feel we have this disease under control but it will only remain so if reinforcing doses of antigen are given at regular intervals. This is a relatively simple procedure as it is just a question of swallowing the vaccine and does not involve the business of needles and syringes. I hope the public will keep up regular treatment for we do not want to let the immunity of the people fall below that level when poliomyelitis can become a threat again. Needless to say my fieldworkers do all they can to encourage mothers at clinics to see that the child gets the protection. Indeed it has become a routine measure at a certain age for the child to be offered this immunisation and seldom, if ever, does the parent refuse it. Those who do not come to the clinic are followed up at home and encouraged to come for this purpose or alternatively go to their own doctor for it and many do just that. The vaccine is always available in my refrigerated vaccine store at my office and can be obtained almost at any time — certainly always during office hours.

I append below the statistics of vaccinations performed within the division during the year. As I have previously mentioned it is somewhat difficult to get factual figures for immunisations for each respective county district due to the inevitable overlap of attendances at the various centres.



## POLIOMYELITIS VACCINATIONS

Persons completing primary immunisation during 1964.

	Age Group	Number of persons who have received :		Total (3)
		Second injection of Salk vaccine or third injection of quadruple vaccine (1)	Third dose of Oral vaccine (2)	
(a)	Children born in 1964 ....	—	205	205
(b)	Children born in 1963 ....	—	714	714
(c)	Children born in 1962 ....	—	98	98
(d)	Children born in 1961 ....	2	38	40
(e)	Children and young persons born in years 1943-1960 ....	5	109	114
(f)	Young persons born in years 1933-1942 ....	—	1	1
(g)	Others ....	—	20	20
(h)	Total ....	7	1,185	1,192

Persons receiving reinforcing doses.

(a)	Number of persons given third injections of Salk vaccine or fourth injections of quadruple vaccine ....			2
(b)	Number of persons given fourth injections of Salk vaccine or fifth injections of quadruple vaccine ....			—
(c)	Number of persons given a reinforcing dose of oral vaccine after :	(i)	2 Salk doses ....	2
		(ii)	3 Salk doses ....	5
			or 3 Oral doses	674
			or 2 Salk doses plus 2 Oral doses ....	43

## SMALLPOX

There was no Smallpox scare during 1964. We were happily spared this once again. We still kept exhorting the public to think about the question of vaccination against the disease. This is offered to babies at about 18 months old. Here again, we find that this becomes almost a routine event in the 'growing-up' period of the infant. The protection like the others, is seldom refused. It, occasionally, is less easy to persuade some to attend to this business. There is some resistance to it and one feels that this is unfortunate since it only requires the arrival of one case of smallpox, or threatened smallpox, to get the newspaper headlines. Then comes the clamour for vaccination. Fear grips the public and they are all for vaccination. Better, by far, to get it all over and done with in the calm of the clinic when the disease is absent and panic is similarly non-existent.

There was not such a good demand for vaccination as in 1963. There were 83 persons who were vaccinated, just about half the 1963 number. All were in the age range of 1 to 4 years. One person was re-vaccinated.

## GASTRO-INTESTINAL INFECTIONS

I have formed the opinion that one can judge the standard of Hygiene in a district by the incidence of these infections. They are all transmitted by food and drink. The food and drink become contaminated by it being touched by dirty hands. If everyone scrupulously washed hands after visiting the toilet and, certainly before handling food, even if a toilet visit has not been involved, then these diseases would be controlled. One need only think of the attitude taken up by the Medical Officer of Health for Aberdeen when his city was visited by a typhoid outbreak. He exhorted the need for hand-washing and meticulous attention to personal hygiene and he got quite heated about it. He had to be thus; but he got a wonderful reaction from the population and the marked change in attitude to food handling by everyone from shopkeepers, to members of families was nearly perfect. He feared that there would be a falling off in the high standard achieved as the fear receded. Surely this should not be. But I think it is the case wherever we go. Clean food handling is a 'must' if we are to remain a healthy population. We are fortunate in Hoyland that we have a Public Health Inspectorate whose ideas about this are very bright indeed. Their attention to clean food handling in shops and food premises in general is excellent. My fieldworkers are talking about it in the homes and in the clinics. In schools we seem to get every encouragement from the teaching



staffs. We are fortunate; and all this is reflected in the relatively small incidence of such infections in the district during the period under review. There were 8 cases of dysentery, 1 in the second quarter, 6 in the third, and 1 in the fourth. One sees that the highest quarterly incidence involved the holiday period with the comings and goings of the population at holiday time and, let us say it, probably the lack of general care in personal hygiene which sometimes occurs at these times. There was one case of Food Poisoning. This was a seven year old child who developed Dysentery symptoms severe enough to warrant hospitalisation. In hospital further tests were made and the case was found to be one of Food Poisoning due to the organism *Sal. Typhimurium*. This meant that the home and all contacts had to be checked up to see if there were any more cases and if there were any carriers about. Where did the infection originate? After patient searching nothing was found to help. But it was the only case and one wonders how a seven year old could become infected as a single unit.

I think from the foregoing that one can say the people of Hoyland are conscious of the need for this care and they are trying to carry out that personal hygiene which leads to better living. I am grateful to them for this co-operation.

## TUBERCULOSIS

During the year, 5 new cases of Tuberculosis were notified, together with one case transferred from another district. There were in all 4 cases of Pulmonary infection and 2 Non-Pulmonary. Three cases were admitted to hospital and the other 3 (including the transferred case) were treated at home under the supervision of the Chest Physician and the Tuberculosis Health Visitor.

Age Group	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
0—35 years....	—	1	—	1
35—45 years....	1	—	—	—
45—65 years....	—	—	—	1
65 years and over	1	—	—	—
Totals	2	1	—	2

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1955, or under Section 172 of the Public Health Act, 1936.

We have a full-time Health Visitor engaged solely in the field of Tuberculosis. She it is who visits the homes of all cases notified and carries out a thorough investigation as to the possible source of the infection. She sees all contacts and invites them to the chest clinic for a check-up by the specialist and to have an X-ray examination if it is thought advisable. These days these investigations are much easier than they used to be. People now-a-days do not seem to have the same terror when the word Tuberculosis, or Consumption, is mentioned. In fact, we find everyone most anxious to take part in any investigation. The Health Visitor is also present at the Chest Clinic when the patient comes for examination and treatment. This continuity of contact with the patient in all departments is of invaluable help to the morale. The Health Visitor also visits the hospital and sees the patients there and is able to explain difficulties and make arrangements to relieve domestic problems consequent upon the hospitalisation. The whole set-up is extremely useful and rewarding. Modern means of early diagnosis and modern methods of treatment have meant much in the control of the disease. We still have to keep fighting, however, and our every effort must be encouraged to prevent more infections particularly amongst the younger age groups. One great problem is that we do meet with cases which are resistant to drug therapy and these are a worry. But if you look at the figures for B.C.G. vaccination you will see that we are pursuing this scheme with vigour and seldom get refusals from parents when asked to agree to the child having this protection.

As you already know the Local Health Authority provides help for cases of need who are under Domiciliary care and treatment of Tuberculosis. We can offer a bed and bed clothing and we can also provide extra nourishment in the form of fresh milk if the Consultant Chest Physician recommends it. Two pints of milk are provided daily, free of charge to these patients and during the year 4 patients in the Hoyland Nether District received this free milk.

## **B.C.G. VACCINATION**

The scheme for vaccinating the 11-12 age group of children on entering the senior schools continues quite actively. This protection is offered to all such children and seldom do we have a refusal on the part of the parents. There seems a readier response and acceptance of such things these days, a marked contrast to the days when we had to struggle to convince them all that this was a good idea, and well worth accepting at once. One can say it is another scheme which is now more or less automatically accepted. The work is done in school



and we get the utmost help from the head-teachers and the staffs. In fact it is often taken as an opportunity to do a little Health Educative work. From my experience the children are undoubtedly taking a much more interested part in all these procedures.

We visit a school and skin-test all those presented for the treatment. In 3 days we return and read the test. Those who show no reaction are those we vaccinate later in the morning. Those who show a positive reaction, which means they have recently met the organism and overcame the infection, are checked to see if further investigation is necessary. If the reaction is strong, meaning a very strong infection, we arrange for the children to be seen by the Consultant Chest Physician for thorough check and X-ray. In all this the family doctor is duly informed of what is happening to the patient.

In Hoyland during the year, 133 children presented themselves for skin testing. Of those 29 gave a positive reaction and 94 were negative. These 94 were duly vaccinated. Unfortunately, 10 children were absent from school at the time the skin test was read, and could not take part in the procedure. However, they will be included in the next session.

## **TYPHOID FEVER**

There were no cases of Typhoid Fever within the district during 1964. Needless to say you will remember the tremendous excitement in the country in June last year, during the epidemic in Aberdeen, which epidemic was found to be caused by a can of corned beef containing the typhoid bacillus. On discovering that the epidemic might be associated with cold cooked meat, principally corned beef, every Health Department in the country was notified about the incident, and the need for collecting and arresting certain supplies of the cans which bore particular serial numbers. This involved immediate cessation of all normal routine duties in the department, and the Public Health Inspectors spread out over the district, questioning and examining, cross-checking all supplies of corned meat. Large numbers of tins of corned meat were examined, but there were no tins which came within the series range. Acting on instructions the retailers were instructed to return any future purchases coming within this range to the wholesaler, where presumably other arrangements were made for their safe keeping and, if need be, destruction.

This was quite a hefty programme which had to be done at once. All members of the staff set about the task with diligence and enthusiasm and many hours of work were involved. I want to put on record here how much I appreciate the drive with which the Public Health Inspectors carried out this work so quickly and so thoroughly.



## **BRUCELLOSIS**

Towards the end of the year we had a report from the Public Health Laboratory to say that a milk producer-retailer in the district was distributing milk which was infected with the organism *Brucella Abortus*. Immediately the farm was visited by the Public Health Inspector and the matter was fully discussed with the farmer and he was most grateful for my advice on how to deal with the situation. We arranged for individual samples of milk from each of the herd and these were sent for examination. In the meantime an Order under the 'Milk and Dairies Regulations 1959' was served on the farmer which prohibited the sale of raw milk from that herd until further notice. The results of the individual samples indicated that 2 cows were definitely infected and one was positive to the Ring Test only. These cows were isolated from the rest of the herd and an amended Order was issued on the farmer releasing the remainder of the animals and the milk produced from them. We were unable to get satisfactory further samples from the infected cattle and ultimately they were disposed of for slaughter. The herd was now free from infection and up to the time of writing this report it has remained so. The farmer has been most co-operative and has sought our advice and my Public Health Inspector has been always ready to advise.

Humans can become affected with Undulant Fever if they drink this infected milk. There is always this danger if milk is consumed without previous heat treatment.

## **GENERAL PROVISION OF THE HEALTH SERVICES**

### **HOSPITALS**

The General Hospitals in Barnsley and Sheffield serve the Hoyland district, and Kendray Hospital, Barnsley and Lodge Moor, Sheffield, deal with Infectious Diseases. Maternity cases are dealt with at the Hallamshire Maternity Home, Chapeltown, the St. Helen's Hospital Barnsley and occasionally the Princess Royal Maternity Home, Huddersfield.

### **LABORATORY FACILITIES**

The two Public Health Service Laboratories, one at Wakefield and one at the City General Hospital, Sheffield, carry out all laboratory work.

## **MORTUARY**

Accommodation is available at the Sanitary Depot, West Street Hoyland, and serves the whole area.

## **AMBULANCE SERVICE**

The district has cause for great satisfaction with its Ambulance Service which functioned progressively throughout the year. No replacement vehicles have been delivered during 1964, and no additions were made to the fleet, comprising six modern, fully equipped vehicles operating from the Hoyland Depot and two from Penistone. When the occasion demands, three vehicles are based at Penistone.

Work is to commence on the new extension scheme at Penistone which, when completed, will give the district and its neighbours a self-contained Unit, comprising not only garage accommodation, but a small office, messroom facilities, locker space, showers and toilet facilities. The staff of seven drivers and attendants at Penistone work a three shift system as do the men based at the main depot in Hoyland, where work has commenced on enlarging the messroom in order to give the staff better conditions. No alteration has been made to the radio communication system, which ensures economical use of vehicles and, therefore, a high degree of efficiency in a service where speed is of the utmost importance.

## **CLINICS**

### **TUBERCULOSIS**

Tuberculosis cases and contacts continue to be referred to the Chest Clinic at 46 Church Street, Barnsley. At this Clinic complete investigation is possible, including X-ray. The Tuberculosis Health Visitor also attends at this Clinic and is present when the patient is seen by the Consultant, and she is able to maintain a liaison between the Consultant and the domestic environment, which is a most valuable contribution to the patient's general welfare.



## CHILD WELFARE

Below are the tables showing the various Clinics held in the Hoyland Nether Urban District.

### CHILD WELFARE CENTRE

Name and Address of Centre Name of Doctor and Health Visitor in attendance	Day and Time of sessions	Total number of attendances during the year	
		Number who attended for first time during 1964	Children up to 5 years
HOYLAND Miners' Welfare Institute Dr. D. J. Fairclough Mrs. Battams Assisted by Mrs. E. Allen Miss Yeadon	Tuesday p.m.	415	3,382
HOYLAND COMMON Rockingham Youth Centre Dr. D. J. Fairclough Miss N. I. Harris—Miss Kerr Assisted by Mrs. E. Allen	Thursday p.m.	263	1,848

### ANTE-NATAL AND OTHER CLINICS

Name and Address of Clinic Name of Doctor and Nurse in attendance	Day and Time of sessions	Total number of attendances
HOYLAND Miners' Welfare Institute Dr. D. J. Fairclough Mrs. E. Allen Mrs. Joll/Miss Walker	Monday p.m.	259

In the same premises used for Child Welfare purposes we have School Clinics, Ante-natal Clinics, Ante-natal Relaxation classes, Group discussions and Immunisation sessions. Here we provide immunisation against Poliomyelitis, Diphtheria, Whooping Cough, Tetanus, Smallpox, etc., and also on other occasions we provide Speech Therapy classes. Any Health Education group discussion work is based on the clinic although some is done in schools and in the



homes of the people. There are Post-natal clinics and Consultation Units held in this hall. One of the more important consultants to attend is the Ophthalmologist. He attends at frequent intervals depending upon the number of children referred by the School Medical Officer for opinion. Sometimes it is inconvenient to hold these particular sessions at the Institute and we need to seek alternative accommodation. I have usually appealed to Mr. Roberts, Clerk to your council, and he has most generously put part of the Town Hall at our disposal. I would like to acknowledge Mr. Roberts' kindness for his help in this connection.

One had the hope that by now we would be seeing something taking shape in the way of a purpose built clinic. As you know everything was progressing well but there were hold ups due to difficulty in acquiring a small part of the proposed site and then the Coal Board warned us about their next route of underground workings which might prejudice any new building if built at this time. There is no doubt that we do require such a clinic in Hoyland. The sooner we get it the sooner will the people in the township get the full benefit of the Local Health Authority's services. It is the desire of the Local Health Authority to have a closer working arrangement with General Practitioners. It is my hope that at some time in the future there will be more use made of the clinic by the family doctors. There must be no line of demarcation between the two services. We have a job to do; we have to provide a Health Service to the people and I cannot see the best service being provided if there is too hard and fast a division between the two sections. In Hoyland we are very fortunate. The General Practitioners are all most helpful to us in our service. We have met and discussed problems and they have ever been ready to give of their advice when I wanted it. We have similiarly tried to be helpful to them. The relationship between the G.P's. and my staff is very cordial and, in consequence, the service we give is a happier and more profitable one for everybody.

Once again I would like to offer my thanks to the ladies of the voluntary committee who turn up so faithfully and do duty at the clinics. They help in all sorts of ways, by selling the foods, weighing the babies, keeping the register etc. — all a help to us and a wonderful contribution to the social welfare of the people. Their example is to be commended.

## HEALTH VISITING SERVICE

There were many changes amongst the Health Visiting staff during the year 1964, but the routine health visiting duties were carried out. Mrs. Allen returned to the Service after being successful

in completing her Part I Midwifery Course. Miss Kerr, a newly qualified Health visitor, commenced duties in July. Owing to a re-organisation of staff Mrs. Battams was transferred to Penistone Rural area, and Miss Yeadon transferred to Hoyland from Colley Estate. Mrs. Parkin resumed duties in January, 1964.

Miss Harris, unfortunately for the area, was appointed to a more senior post in County Hall, and her leaving the area was a great loss to the community. We offer our congratulations to her on her promotion to this senior appointment.

In spite of these changes, the Health Visiting Service did not deteriorate.

The Health Visitor is essentially a teacher in positive health and prevention of spread of disease. She is actively engaged with families in their own homes, and is able to give advice to mothers concerning the whole family, and any problems arising within the household. In her work she spends a good proportion of her time in dealing with the aged. This aspect of her work appears to grow month by month.

The Health Visitor also attends the Clinics, where individual health and social problems are discussed with mothers who attend. In addition group discussions, posters, leaflets and pegboard displays together with films and film strips help the Health Visitor in an endeavour to teach the community a positive attitude to health.

During the year Mrs. Allen attended for instruction in the testing of children suspected of deafness. Mrs. Allen's duties are now extended to the visiting of certain age groups of school children to eliminate the possibility of deafness. This is an extra duty to Hygiene Surveys and School Medical Inspections already performed by all Health Visitors.

## HEALTH VISITING

### Staff during the year 1964

Health Visitor	Address	Telephone No.
Mrs. P. J. Battams	2 Grange View, Blacker Hill (transferred to Penistone—September)	Hoyland 3096
Miss N. I. Harris	St. John's, Penistone (Resigned 31/10/64 on appointment as Deputy County Nursing Officer for the County Council of the West Riding of Yorkshire)	Penistone 3250
Miss E. Kerr	670 Barnsley Road, Sheffield (commenced duties July, 1964)	
Miss D. Yeadon	251 High Greave, Sheffield 5 (transferred from Ecclesfield—September, 1964)	



## **ASSISTANT HEALTH VISITORS (PART-TIME)**

Mrs. E. Allen                      32 Allendale Road, Hoyland

Mrs. N. Parkin                  8 Woodhouse Road, Hoyland  
(commenced duties January, 1964)

## **HEALTH EDUCATION**

During 1964 the amount of Health Education carried out in the district was limited in the early part of the year because of staff shortages. However, from July onwards owing to an improvement in staff programmes were arranged both in clinics and schools. The talks to the teenage school girls included Hygiene, Care of Young Children, Prevention of the Spread of Disease, Diet and Home Safety. To help stimulate interest in these talks, visual aids, film strips and attractive leaflets were made available.

Mothercraft and Relaxation Classes are held weekly by the Midwives. These classes are very well attended and the Midwives are able to discuss a wide variety of subjects.

When the mother is most receptive to the teaching of positive health, the Health Visitors attend these classes during the year to discuss with the mothers the protection against certain specific diseases through the medium of immunisation and vaccination after the baby is born.

Health Education is carried out daily as the different members are visiting within the homes of the community.

## **CHIROPODY SERVICE**

This very much worth while service continued during the year and showed an increase in number of treatments. The Service is provided under two schemes, one being the direct service organised by my department; the other is a service organised by the local Old Aged Pensioners' Organisation themselves. The West Riding County Council give a 100% grant to cover the expenses of such a service. The scheme is there for the benefit of Old Aged Pensioners, Handicapped persons and Expectant mothers. During the year the service was used in the main by the Aged and a few Handicapped persons. These are details of the service provided.



The Direct Service provided 747 treatments to 148 patients at the clinic. There were also provided 248 Home Treatments to 67 elderly people who had been unable to attend the clinic by reason of physical handicap.

The O.A.P. service provided 470 clinic treatments to 84 pensioners and 129 treatments in the homes of 23 others.

## HOME NURSING SERVICE

There is no change in the Home Nursing Service to report. The three nurses are still fully engaged in their professional duties and are more and more in demand. The service we wish to provide is one that approximates as closely as possible to that afforded the patient in hospital. They must work very closely with the family doctor and carry out the treatment he asks them to do. We provide the Home Nurse, the family doctor tells them what treatment he wants them to give. The Divisional Nursing Officer supervises the standard of nursing technique and general efficiency. In Hoyland the standards are high. The nurses are well qualified and abundantly experienced. They give an excellent service and I am assured by the family doctors that they maintain this standard of work. There is a happy relationship between the nurses and the general practitioners and this means inevitably, a better service all round. These nurses are provided by the Local Health Authority with all the latest nursing equipment they require. There is no lack of equipment they might need. All the nurses are mobile and can carry the equipment around with them.

During the year they visited 210 cases and made a total of 10,673 visits.

### HOME NURSES AT 31st DECEMBER, 1964:—

Home Nurse	Address	Telephone No.
Mrs. M. Bramley	16 Mell Avenue, Hoyland	Hoyland 2181
Mrs. A. M. O'Hara	20 Clough Road, Hoyland	Hoyland 3307
Mrs. M. Firth	35 Tinker Lane, Hoyland Common	Hoyland 2249

An important feature of the work done by Home Nurses is the Nursing Care of the Acute and Chronic Sick. But even more important is the rehabilitation of patients discharged from hospital. The patient does not lose the continuity of care and rehabilitation which began in the wards.

## MIDWIFERY SERVICE

There have been no changes in the Midwifery Service. It still continues to provide an efficient service, both midwives doing an excellent job of work. They are both experienced and well trained in their profession, are well received by patients and work very harmoniously with the family doctors. We are fortunate to have them. In Miss Walker's case however, she will soon be leaving the service on age-limit. We must be looking around to find someone to take her place—if that is possible! Both midwives carry apparatus to give Gas and Air and Trilene analgesia. Ante-natal clinics are never conducted without one or both being present to integrate their part of the service with that of the family doctor—to meet the patient with the doctor and to cement a close bond of confidence which is tremendously helpful to the expectant mother. They also conduct Relaxation classes and lead Group Discussions on various Mothercraft subjects using the film projector from time to time to illustrate their talks. The special classes held on Wednesday afternoons are well attended where good work is done amongst the younger expectant mothers.

During the year the Midwives attended 90 confinements, a similar number to that in 1963. Of those, 63 were attended by them in their capacity as Midwives, i.e. they delivered the baby; and in 27 cases they acted as Maternity Nurse i.e. in attendance with the family doctor. Of the total, 70 cases availed themselves of the offer of Trilene analgesia. There were 70 cases who received treatment with Pethidine in the early stages of labour.

### MIDWIVES AT THE 31st DECEMBER, 1964 :—

Midwife	Address	Telephone No.
Miss N. Walker	8 Skiers Hall, Elsecar	Hoyland 3104
Mrs. M. C. Joll	Croft Holme, Market Street, Hoyland	Hoyland 2377

## DOMESTIC HELP SERVICE

I have always held the view that this is about the most positive of all services provided by the Local Health Authority. We provide help in the home when there are difficulties which bear heavily upon the mother, or home maker. The value of the service first of all is its immediate availability when it is required. Usually there is no waiting once the Health Visitor is aware of the circumstances. In Hoyland we



have a very good group of Home Helps who are extremely efficient and who are well received in the homes. I never find that these ladies are ‘clock-watchers’ but rather they are aware of the contribution they are making to the comfort of a home and family and they just see that everything is as well as they can make it. We owe a lot to these ladies and we appreciate their service and their worth.

During the year a total of 20,515 Domestic Help Hours were provided in Hoyland District. There were in all 23 Home Helps employed who attend amongst them 143 cases. Of the total 88 were continuing cases from the previous year; the others being new cases.

The following table gives the details of how the service was used:—

Maternity Cases	.....	13
Tuberculosis Cases	.....	3
General Cases over 65 years of age	.....	113
General Cases under 65 year	.....	10
Others	.....	4
Total		<hr/> 143

As you can see from the table the group which benefits most is the ‘over 65’ age group. This is quite right and to be expected. But this service is not an alternative to the help that should be given these dear people by the younger members of the family. I am still old fashioned enough to believe that the younger ones have a duty to their parents. Our service is an excellent supplement and I intend it to be that.

## MENTAL HEALTH SERVICE

Steady progress is still maintained by the Mental Health Service, and liaison between the hospitals and the community services remains good. Monthly meetings between hospital staff and Mental Welfare Officers are held, where any problems on either side are discussed. These are found to be of great help to all concerned.



Unfortunately there is still a great shortage of beds for the aged, confused but ambulant patients, and at the present time there is no way of solving this problem. The hospitals, however, do give help in every way possible in dealing with these cases.

The general policy in Mental Hospitals is still that of early admission in cases of acute mental illness, intensive treatment, and discharge to the community as soon as possible; thus community care is becoming increasingly important in the mental health field, as is the responsibility of the Mental Welfare Officer in preventative care.

## **OUT-PATIENT CLINICS**

Out-patient Clinics are held at Barnsley Beckett Hospital on Monday and Wednesday; these are staffed by a Consultant Psychiatrist from Sheffield and one from Storthes Hall Hospital. The Clinics are also attended by the Mental Welfare Officers, which maintains the liaison with the hospital staff.

## **ADMISSIONS AND DISCHARGES TO MENTAL HOSPITALS**

During the year 15 patients were admitted to Storthes Hall Hospital (3 male and 12 female). There were 15 discharges. There were 5 discharges (2 male and 3 female), from the Middlewood Hospital. After care was requested in 17 cases (4 male and 13 female).

It is interesting to note that we are getting more informal admissions to Mental Hospitals, showing that people are now taking a more enlightened view of mental illnesses. In many cases these are readmissions, which seems to show an acceptance of the need for early treatment.

## **MENTAL SUBNORMALITY**

The High Green Training Centre is a great asset, giving relief from worry and responsibility to a large number of parents for a part of each day. This relief can do much for the morale of parents of mentally handicapped children, especially those who have other young children or babies to care for.

The Care Unit at the Training Centre was so much in demand that it has now been expanded.

The Training Centre continues to provide useful training for its patients, and besides this has a thriving Parent/Teachers' Association and an active social programme.

The following are the statistics of the mentally subnormal cases in the Hoyland Nether Urban District.

Care and Guidance

16 years and over

				Male	Female
In full employment	.....	.....	.....	3	2
Fully employed and/or supervised at home				3	6
Working part-time	.....	.....	.....	—	—
Training Centre	.....	.....	.....	7	2
Training Centre refused		.....	.....	1	1
Unemployable or cot cases		.....	.....	—	—

Under 16 years

Training Centre	.....	.....	.....	2	5
Working	.....	.....	.....	—	—
Cot cases in Care Unit		.....	.....	1	1

DISTRIBUTION OF WELFARE FOODS

The amount of Welfare Foods issued in Hoyland Nether Urban District during 1964 was as follows:—

National Dried Milk	.....	.....	1,409 tins
Cod Liver Oil	.....	.....	250 bottles
Vitamin A and D Tablets	.....	.....	245 (packets of 45)
Orange Juice	.....	.....	2,273 bottles

These foods are issued at the following Centres throughout the Division on the days and times stated.

ADDRESSES OF PREMISES	DAYS	TIMES
STOCKSBRIDGE URBAN DISTRICT The New Clinic, Johnson Street, Stocksbridge	Tuesday  Friday	10—12.00 a.m. 1.30—3.30 p.m. 10—12 a.m.
Stocksbridge Co-op Society, Deepcar Branch, Manchester Road, Deepcar	During shop hours	
PENISTONE URBAN DISTRICT Child Welfare Centre, Shrewsbury Road, Penistone	Monday	2—4.00 p.m.
PENISTONE RURAL DISTRICT Child Welfare Centre, Golf Club, Cawthorne	Alternate Wednesdays	1.30—3.30 p.m.
Stocksbridge Co-op Society, Thurgoland Branch, Thurgoland	During shop hours	
Mrs. Thickett, Post Office, Oxspring	During shop hours	
HOYLAND NETHER URBAN DISTRICT Mrs. Mellor, Queen Street, Hoyland Common Child Welfare Centre, Miners' Welfare Hall, Hoyland	Thursday  Tuesday	2—4.00 p.m. 11—12.00 a.m. 2—4.00 p.m.
WORTLEY RURAL DISTRICT Clinic, Parish Hall, Oughtibridge	Thursday	2—4.00 p.m.
Clinic, Memorial Hall, Worrall	Alternate Tuesdays	2—4.00 p.m.



ADDRESS OF PREMISES	DAYS	TIMES
WORTLEY RURAL DISTRICT ( <i>Cont.</i> ) Child Welfare Centre, Miners' Welfare Hall, Chapeltown	Wednesday	11—12.00 a.m. 2—4.00 p.m.
Clinic, Methodist Chapel, High Green	Tuesday	2—4.00 p.m.
Colley Estate Clinic, Wheata Place, Sheffield, 5	Monday Wednesday	2—4.00 p.m. 2—4.00 p.m.
Clinic, Methodist Chapel, Norfolk Hill, Grenoside	Thursday	2—4.00 p.m.
Child Welfare Centre, Wharncliffe Silkstone Welfare Hall, Pilleys, Nr. Barnsley	Alternate Mondays	2—4.00 p.m.
Child Welfare Centre, Knowle Top, Stanington	Wednesday	2—4.00 p.m.
Child Welfare Centre, Congregational Church, Loxley	Alternate Tuesdays	1.30—3.30 p.m.
Mrs. Iles, Post Office, Wharncliffe Side	Friday	2—4.00 p.m.
Mrs. D. Harper, The Shop, Main Road, Dungworth	During shop hours	

## SANITARY CIRCUMSTANCES

This part of the report has been prepared by Mr. H. Smith, my Chief Public Health Inspector. He reports as follows:—

“I have the honour to present to you my report on the environmental health and public cleansing services for the year 1964. The part dealing with public cleansing is for the year ending 31st March, 1965.

Owing to the death of my predecessor, the department was understaffed for ten months of the year with the result that it was impossible to carry out the usual amount of routine work. However, Mr. Gray was of great assistance to me during his final year of training and helped enormously in maintaining some continuity of work.”

## GENERAL STATISTICS AND SOCIAL CONDITIONS

Estimated Population	.....	.....	.....	.....	15,740
					(Mid year 1964)
Rateable Value	.....	.....	.....	.....	£325,156
					(Estimated as at 1st April, 1964)
Product of a penny rate	.....	.....	.....	.....	£1,268
					(Estimated as at 1st April, 1964)
Acreage	.....	.....	.....	.....	1,999
Height above sea level					
Elsecar	.....	.....	.....	.....	170 feet
Hoyland Stand	.....	.....	.....	.....	625 feet

Ward	Acreage	Number of Houses
Hoyland	259	1,867
Hoyland Common	374	1,208
St. Peter's	744	1,005
Elsecar	622	1,300
Totals	1,999	5,380

## HOUSING

Once again much progress was made in tackling the complex problem of housing by clearance and by improving old property. There are now many vacant plots of land in the district where unfit dwellings once stood. In some cases there are plans for the redevelopment of the sites but there are other areas of land which are now in an unsightly, unkempt condition and a disgrace to the district.

During the year, nineteen houses were demolished. Four houses were represented as being unfit for human habitation. In two cases, demolition orders were made; one closing order was made and one undertaking from the owners to make the house fit was accepted in respect of the fourth house.

Following official representations, four clearance areas were declared during 1964. In three cases clearance orders were made but in respect of the fourth area the method of dealing with the area had not been finalized at the end of the year.

Part III areas mentioned above are as follows:—

Elsecar Hill Street	No. 12 Clearance Order 1964	8 houses
Hoyland Common		
Central Street	No. 13 Clearance Order 1964	4 houses
Hoyland Common		
Elm Street	No. 14 Clearance Order 1964	4 houses
Hoyland King Street	No. 15 Clearance Area 1964	4 houses

Inspectors of the Ministry of Housing and Local Government conducted hearings during the year in respect of Bethel Street No. 8 Clearance Order 1963 and Hoyland Common Elm Street No. 14 Clearance Order 1964. Both hearings were unattended by the owners.

The Inspectors also visited houses included in No. 9, 10, 11, 12 and 13 clearance areas in connection with payments for well maintained houses and slum clearance compensation.

The Platts Common No. 7 Compulsory Purchase Order 1963 was confirmed with slight modifications in May 1964 and I am sure that everyone is looking forward to the time when redevelopment of this site is completed.



## IMPROVEMENT GRANTS

Seventy-six applications were received for discretionary and standard grants. All were approved.

The total amount of grants paid was £10,749 in respect of fifty-five completed improvements in 1964.

Most of the applications were of course from owner/occupiers of houses. The majority of landlords of private houses have shown no real interest in improving their properties even though the financial gain and Council assistance has been carefully explained in past circular letters.

## THE HOUSING (FINANCIAL PROVISIONS) ACT 1958

During the year fifty-nine applications were made for advances under the above Act. All applications were approved and the total valuation was £42,438.

## BUILDING BYELAWS

Two hundred and eight plans were passed by the Council during the year ended 31st December, 1964. Of these one hundred and fifty eight were for garages, greenhouses and various outbuildings.

## RENT ACT 1957

No applications for certificates of disrepair were made or cancelled during the year.

## CLOSET ACCOMMODATION

The following statement shows the number of the various types of sanitary conveniences in use in the district at the close of the year.

Type	Number
Water Closets	6,149
Pail Closets	12
Privy	1
Total	6,162

WATER SUPPLY

Water is supplied to the Urban District by Sheffield Corporation Waterworks Department. All dwelling houses are on public supplies, piped direct to the houses.

The following information is supplied by A. B. Baldwin, Esq., Engineer and General Manager to the Sheffield Corporation Waterworks.

1.	No. of samples examined chemically	.....	.....	.....	246
	Number satisfactory	.....	.....	.....	246
	Number unsatisfactory	.....	.....	.....	Nil
2.	No. of samples examined bacteriologically	.....	.....	.....	246
	Number satisfactory	.....	.....	.....	246
	Number unsatisfactory	.....	.....	.....	Nil
3.	Any insufficiency of supply	.....	.....	.....	None

4. Any unsatisfactory supply  
None of a permanent nature. Individual complaints have been given immediate attention and rectified.

5. Any improvement of supply  
Towards the end of the year the rather softer water from Yorkshire Derwent was introduced into the district. Successful waste detection tests have been carried out during the year resulting in a saving of 20,000 gallons per day. Both chemically and bacteriologically the supply is satisfactory.

6. Any extension of supply  
New mains have been laid in Millhouses Street, Allendale Road, Church Street and Stead Lane, and further mains will be laid in step with further development.

The following information relating to sewerage and sewage disposal, and temperature, etc.; is supplied by the Council's Engineer and Surveyor E. Fowles, Esq.

## RAINFALL AND TEMPERATURE FOR 1964

Month	Rainfall	Maximum Temperature	Minimum Temperature
January	0.79	43	26
February	0.75	50	26
March	4.18	56	23
April	1.77	54	30
May	1.22	65	42
June	2.44	70	38
July	1.73	70	48
August	1.26	72	50
September	0.98	68	45
October	1.14	56	37
November	0.99	49	20
December	2.40	48	20

Temperature taken in the shade with a fahrenheit thermometer at Elsecar Sewage Works 170 feet above sea level. Readings taken at 9 a.m. each day for the previous 24 hours.

Hottest Day, 1963 — 12th June ..... 74° F.

Hottest Day, 1964 — 5th August ..... 72° F.

Coldest Day, 1963 — 23rd January ..... 10° F.

Coldest Day, 1964 — 16th & 25th December ..... 20° F.  
30th November

Greatest rainfall for one month, 1963 — November 4.18 ins.

Greatest rainfall for one month, 1964 — March ..... 4.18 ins.

Total rainfall 1963 ..... 22.17 ins.

Total rainfall 1964 ..... 19.65 ins.



SEWERAGE AND SEWAGE DISPOSAL

Sewer extensions were carried out at Stead Lane housing site and at the Industrial Estate at Platts Common. Present arrangements are satisfactory.

The table below shows the action taken to secure the abatement of nuisances and the removal of conditions prejudicial to health.

Number of Notices Served

Notices	Out-standing 31/12/63	Number Served	Complied with	Work done by L.A. in default	Out-standing 31/12/64
Informal .....	57	62	95	—	24
Statutory .....	—	1	1	—	—
Totals .....	57	63	96	—	24

During the year 554 complaints were reported as follows:—

Nature of Complaint	No. Received
Dilapidations .....	26
Choked Drains .....	113
Choked Sewers .....	16
Defective Drains .....	10
Defective W.C. Cistern .....	5
Defective W.C. Pedestal .....	2
Water in Cellar .....	10
Burst Water Pipe .....	9
Defective Water Tap .....	1
Insufficient Water Supply .....	7
Discoloured Water Supply .....	3
Smells .....	10
Rats .....	149
Mice .....	79
Insect Pests .....	101
Miscellaneous .....	13

## SANITARY INSPECTION OF DISTRICT

Nature of Inspections	No. of Visits Paid
<b>Housing</b>	
Housing and Public Health Acts .....	216
Verminous Premises .....	8
Miscellaneous Housing .....	81
Housing Works in Progress .....	20
Houses let in Lodgings .....	1
Caravans .....	26
<b>Food Inspection</b>	
Butchers .....	12
Fishmongers .....	6
Grocers .....	33
Greengrocers and Fruiterers .....	9
Ice Cream Premises .....	12
Miscellaneous Food Visits .....	8
Food Preparing Premises .....	14
Mobile Shops, Hawkers and Stalls .....	15
Restaurants .....	2
Fried Fish Shops .....	14
Bakehouses .....	4
Licensed Premises .....	11
<b>Visits in Connection with Sampling</b>	
Food and Drugs .....	39
Ice Cream Sampling .....	12
<b>Infectious Disease</b>	
Inquiries and Disinfection .....	12
Epidemiological Enquiries .....	322
<b>General Sanitation</b>	
Water Supply .....	31
Drainage .....	57
Piggeries .....	3
Factories .....	25
Workplaces .....	12
Public Conveniences .....	29
Theatres and Places of Entertainment .....	3

Refuse Collection	.....	.....	.....	.....	40
Refuse Disposal	.....	.....	.....	.....	65
Rats and Mice	.....	.....	.....	.....	315
Interviews	.....	.....	.....	.....	621
Salvage	.....	.....	.....	.....	17
Kennels	.....	.....	.....	.....	1
Hairdressers	.....	.....	.....	.....	6
Shops	.....	.....	.....	.....	12
Smoke Observations	.....	.....	.....	.....	9
Atmospheric Pollution	.....	.....	.....	.....	520
Pet Shops	.....	.....	.....	.....	3
Total no. of Inspections					2,646

## PESTOLOGY

The assistance of the department is frequently sought by the occupiers of premises in connection with many types of infestation.

The following premises were treated with the latest insecticides with favourable results.

Infestation	Council Houses		Other Houses	
Cockroaches	.....	20	.....	59
Silverfish	.....	5	.....	7
Ants	.....	1	.....	0
Woodworm	.....	0	.....	2
Earwigs	.....	1	.....	0
Flies	.....	2	.....	1
Spider Beetles	.....	0	.....	1
Bed Bugs	.....	0	.....	1
Clover Mite	.....	1	.....	0

Tenants of infested houses availed themselves of the service which was established some years ago, whereby small quantities of insecticidal powders and liquids were issued free of charge.

This service is one which is greatly appreciated and whilst the older types of infestation, e.g. cockroaches and Bed Bugs have almost been eliminated we are constantly being asked for advice and assistance in dealing with new types of insect pests, e.g. clover mite.



## FOOD INSPECTION AND SUPERVISION

The classification of the various food shops, licensed premises, etc., are as follows:—

Bakers and Confectioners	.....	.....	.....	3
Cafes and Canteens	.....	.....	.....	11
Grocers and General Mixed Stores	.....	.....	.....	82
Retail Fishmongers	.....	.....	.....	2
Fried Fish Friers	.....	.....	.....	8
Sweet and Ice Cream Retailers	.....	.....	.....	47
Butchers	.....	.....	.....	22
Flour Miller	.....	.....	.....	1
Greengrocers	.....	.....	.....	12
Public Houses	.....	.....	.....	21
Licensed Clubs	.....	.....	.....	7
Wholesale Grocers	.....	.....	.....	1

## SLAUGHTER OF ANIMALS ACT, 1933 to 1958

Six persons are licensed to slaughter animals under the Slaughter of Animals Act, 1933 to 1958.

## WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT, 1951 — Hawkers of Food

At the end of the year there were thirty-two vehicles registered under the provisions of the above mentioned Act. Before registration, all vehicles are inspected in order to ensure that the requirements of the Food Hygiene Regulations are observed.

## UN SOUND FOOD

Inspections of food were carried out during 1964 for human consumption. Details of these foods found to be unfit and surrendered by the owners are set out on the next page.

There were no cases where powers of seizure were used. All condemned foods are buried at the refuse disposal tip.

## UNSOUND FOODS

### (a) PRE-PACKED FOODS

					No. of Cans, Jars Packets etc	Weight in lbs.
Beans	.....	.....	.....	.....	3	$2\frac{1}{2}$
Carrots	.....	.....	.....	.....	1	$\frac{3}{4}$
Cereals	.....	.....	.....	.....	1	$\frac{1}{2}$
Chopped Ham	.....	.....	.....	.....	2	1
Chopped Pork	.....	.....	.....	.....	9	$7\frac{3}{4}$
Coffee	.....	.....	.....	.....	1	$\frac{1}{4}$
Cooked Ham	.....	.....	.....	.....	3	$8\frac{3}{4}$
Corned Beef	.....	.....	.....	.....	31	$28\frac{1}{4}$
Crab	.....	.....	.....	.....	3	$\frac{3}{4}$
Cream	.....	.....	.....	.....	3	$1\frac{1}{4}$
Fish Paste	.....	.....	.....	.....	3	$\frac{1}{2}$
Fruit Salad	.....	.....	.....	.....	7	13
Grapefruit	.....	.....	.....	.....	2	$1\frac{3}{4}$
Liver	.....	.....	.....	.....	1	14
Loganberries	.....	.....	.....	.....	1	$\frac{3}{4}$
Luncheon Meat	.....	.....	.....	.....	4	$3\frac{1}{4}$
Milk	.....	.....	.....	.....	6	4
Onions	.....	.....	.....	.....	1	1
Oranges	.....	.....	.....	.....	6	4
Orange Juice	.....	.....	.....	.....	6	$7\frac{1}{4}$
Peaches	.....	.....	.....	.....	4	$6\frac{3}{4}$
Pears	.....	.....	.....	.....	3	5
Peas	.....	.....	.....	.....	4	$3\frac{1}{4}$
Pineapple	.....	.....	.....	.....	5	4
Plums	.....	.....	.....	.....	2	$2\frac{1}{2}$
Pork Shoulder	.....	.....	.....	.....	5	$30\frac{3}{4}$
Preserves	.....	.....	.....	.....	4	4
Raspberries	.....	.....	.....	.....	3	3
Rice Pudding	.....	.....	.....	.....	4	4
Salmon	.....	.....	.....	.....	10	5
Stewed Steak	.....	.....	.....	.....	6	6
Strawberries	.....	.....	.....	.....	1	1
Tomatoes	.....	.....	.....	.....	48	$30\frac{3}{4}$
Tongue	.....	.....	.....	.....	1	$\frac{3}{4}$
Tuna	.....	.....	.....	.....	11	5
					205	213

(b) **OTHER FOODS**

	Weight in lbs.
Bacon .....	15
Beast's Liver .....	2
Celery ....	3
Cheese .....	20
Cherries .....	23
Chicken .....	2
Cucumber .....	1
Potatoes .....	2,240
Sausages .....	17
	<hr/>
	2,323

**FOOD HYGIENE**

Much publicity was given to the Aberdeen typhoid epidemic which occurred during the year and like all districts a search was made locally for any suspect cans of corned beef. Fortunately none was found.

A total number of three hundred and twenty-two visits were made during the time of the 'scare' which gives some indication of the work involved in epidemiological investigations such as this.

There is no shadow of doubt that greater care is needed in the handling of open food such as pre-cooked meat and pies. Practically every grocery shop, whether it be large or small, now offers these foods for sale and the potential danger of contamination should not be passed over lightly. All food handlers should ask themselves this



question ‘Am I taking all possible steps to prevent the contamination of food by protection, cleanliness of equipment and personal hygiene?’ If the answer is ‘No’, then the food handler should immediately alter his or her ways or alternatively change employment as soon as possible.

**SAUSAGES AND COOKED MEATS**  
**Food and Drugs Act, 1955**

There are fifteen premises registered under the provisions of section 16 for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

**ICE CREAM**

There are 78 premises in the district registered for the sale of ice cream.

Twelve samples were taken and submitted to the Public Health Laboratory for bacteriological grading and were classified as follows:—

Provisional Grade	Number
1	10
2	1
3	1

**CHEMICAL EXAMINATION OF MILK**

The work in connection with the sampling of milk under the Food and Drugs Act, 1955 is administered by the West Riding County Council by whose authority I am appointed Sampling Officer.

The County Council bear the cost of the analyses and provide any legal assistance which may be necessary. Thirty-nine samples were submitted for analysis (details are given on the next page) all of which were formal samples.

In connection with the samples numbered 291, 293, 295, 297, 305 and 325 the Analyst reported :—

‘Although the non-fatty solids of these samples are below 8.5 per cent, the normal freezing point indicates that this deficiency is due to natural causes and not to added water.’

All the samples were classified as genuine.

# FOOD AND DRUGS ACT, 1955

No. of Samples	Total Solids %	Milk Fat %	Solids Not Fat	Preservatives
290	12.22	3.70	8.52	Nil
291	12.02	3.65	8.37	„
292	12.58	3.90	8.68	„
293	12.19	3.70	8.49	„
294	11.91	3.30	8.61	„
295	12.09	3.60	8.49	„
296	12.20	3.70	8.50	„
297	12.16	3.70	8.46	„
298	12.26	3.65	8.61	„
299	12.18	3.60	8.58	„
300	12.90	4.25	8.65	„
301	12.25	3.60	8.65	„
302	13.05	4.45	8.60	„
303	13.13	4.30	8.83	„
304	12.26	3.70	8.56	„
305	12.01	3.65	8.36	„
306	12.14	3.35	8.79	„
307	12.09	3.35	8.74	„
308	13.05	3.95	9.10	„
309	12.31	3.70	8.61	„
310	12.19	3.60	8.59	„
311	11.92	3.25	8.67	„
312	12.29	3.60	8.69	„
313	12.21	3.65	8.56	„
314	12.15	3.45	8.70	„
315	12.46	3.80	8.66	„
316	12.16	3.55	8.61	„
317	12.52	3.85	8.67	„
318	Broken in	Transit		
319	Broken in	Transit		
320	12.48	3.70	8.78	„
321	12.56	3.80	8.76	„
322	12.66	3.90	8.76	„
323	12.44	3.60	8.84	„
324	12.64	3.95	8.69	„
325	12.28	3.90	8.38	„
326	12.18	3.60	8.58	„
327	12.84	4.30	8.54	„
328	12.52	3.90	8.62	„
Average	12.36	3.63	8.63	„

# MILK SUPPLY

Although the quality and purity of milk is perhaps better than it has ever been there is still a potential danger from the consumption of milk which has not been subject to a form of heat treatment. As the law stands at present it is still quite in order for milk to be sold in a raw condition provided the herd has passed the tuberculin test. Unfortunately such a test does not prove that the milk is safe from all dangerous bacteria which could cause a variety of forms of sickness in humans.

It would seem the two main arguments in favour of raw milk, are firstly a better price per gallon to the producer for farm bottled milk, secondly the theory that milk loses some of its 'goodness' during heat treatment. In my opinion these arguments carry no weight at all when one considers just how safe a bottle of pasteurized milk can be.

# BRUCELLA ABORTUS

Following a positive result from a bulk sample of untreated milk, separate samples were taken from a herd of nine cows. After examination of the milk at the Wakefield Public Health Laboratory, two cows were found to be excreting the organism brucella abortus which can cause undulant fever in humans. The cows were immediately isolated from the others, following formal action by the Medical Officer of Health under the Milk and Dairies Regulations 1959, and their milk was sent for heat treatment.

The two cows were later eradicated from the herd and, with the co-operation of the farmer and public health laboratory staff, a clean herd has been established at the farm.

Samples of milk taken for brucellosis examination were as follows :—

Ring test	11	.....	No. positive	6
Culture test	6	.....	No. positive	4



## PETROLEUM (CONSOLIDATION) ACT, 1928

### Storage of Petroleum Spirit

The department is responsible for the inspection, installation and licensing of petroleum stores in the district a list of which is given below.

All new installations must be approved by this department but in addition the West Riding County Council Fire Department inspect the site and offer a recommendation.

Name	Premises	Gallons
Geoff Cleaver (Motor Eng.)	The Garage, Platts Common	5,000
The Milton Motor Company	Milton Road, Hoyland	1,000
The Hoyland Brick Co. (Marshall)	Shortwood	500
N. C. B. Elsecar Main Colliery	Elsecar	500
The Hoyland Nether U.D.C.	Stores Yard, Hoyland	500
Aero Garage	Aero Garage, Market St., Hoyland	2,250
W. B. Cross & Son	King Street, Hoyland	500
J. Oxley	Crown Garage, Elsecar	3,000
N.C.B. Rockingham Colliery	Rockingham	100
N.C.B. Rockingham Colliery	Rockingham	500
N.C.B. Hoyland Silkstone Coll.	Hoyland Silkstone Colliery	100
N.C.B. Hoyland Silkstone Coll.	Hoyland Silkstone Colliery	500
N.C.B. Engineering Works	Elsecar	500
R. Henfrey Limited	Sheffield Road, Hoyland Common	5,000
W. Wilkinson	Wath Road, Elsecar	500
W. Wordsworth	West Street, Hoyland	2,000
E. Turner	Reform Garage, Wath Rd., Elsecar	1,500
N.C.B. Skiers Spring Colliery		4
W.R.C.C. Ambulance Station	Barnsley Rd., Platts Common	600
Millhouse Garage	Millhouses Street, Elsecar	3,000
Mercury Motors Ltd.	Market Street, Hoyland	9,000
		<hr/> 38,554

## FACTORIES

The factories at present on our register are classified as follows :—

Baking and Confectionery	.....	.....	.....	3
Brick Manufacture	.....	.....	.....	1
Builders Yards and Joinery	.....	.....	.....	9
Coal Gas	.....	.....	.....	2
Clothing	.....	.....	.....	1
Engineering	.....	.....	.....	2
Metal Founding	.....	.....	.....	1
Motor Vehicle Repairs	.....	.....	.....	9
Plumbing	.....	.....	.....	3
Funeral Undertaker and Joinery	.....	.....	.....	1
Saw Mill	.....	.....	.....	1
Tubular Steel Furniture	.....	.....	.....	4
Dental Technician	.....	.....	.....	1
Car Battery Maker	.....	.....	.....	2
Flour Mill	.....	.....	.....	1
Electricity Transforming	.....	.....	.....	1
Paper Baling	.....	.....	.....	1
Upholsterer	.....	.....	.....	1
Welding and Car Spraying	.....	.....	.....	1
Building Operations and Work of Engineering Construction	.....	.....	.....	6
Printer	.....	.....	.....	1

## Outworkers

At the close of the year there were no outworkers on the register.

# PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

## PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	No. on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupier Prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	2	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ....	44	21	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises ....	6	3	—	—
Total ....	52	25	—	—

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases'.)

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Re- medied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1) ....	—	—	—	—	—
Overcrowding (S.2) ....	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)....	—	—	—	—	—
Ineffective drainage of floors (S.6) ....	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) Insufficient ....	—	—	—	—	—
(b) Unsuitable or def. ....	1	1	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other Offences against the Act (not including Offences relating to Outwork) ....	—	—	—	—	—
Total ....	1	1	—	—	—



PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of Work  (1)	Section 133			Section 134		
	No. of Outworkers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply list (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel Making etc., clean- ing and washing ....			Nil Return			
Household Linen ....						
etc., etc., as per schedule						

Signature,

J. MAIN RUSSELL,

Medical Officer of Health.

## OFFICES, SHOPS AND WORKPLACES

The Offices, Shops and Railway Premises Act, 1963 came into operation on the 1st May, 1964 and requires the registration and inspection of premises to which the Act applies.

Whilst no general inspections were made, the register was compiled and the table below classifies the total premises registered and the number of persons employed at those premises, at the year end.

Class of Premises	No. of premises registered at end of year	No. of persons employed
Offices ....	12	36
Retail Shops ....	85	249
Wholesale Departments or Warehouses ....	6	29
Catering Establishments open to the Public, Canteens ....	7	29
Fuel Storage Depots ....	—	—
Totals ....	110	343

Under the provisions of the Act certain accidents occurring to employees at registered premises are notifiable to the local authority.

During the past year one such accident was notified, but due to its nature no investigation was necessary.

### Boarding of Animals Establishment Act, 1963

There is one establishment licenced in the district under the above Act.

### Hairdressers and Barbers

Thirty-one premises where the business of hairdresser or barber is carried on are registered under the provisions of the West Riding County Council (General Powers) Act, 1951.

## **Shops — Pet Animals**

Two applications for licences were received during the year. These were granted subject to the observance of sitable conditions.

## **Rodent Control**

During the year there were two hundred and twenty-seven complaints of infestation by rats and mice. A 'Warfarin' bait mix is used at present with successful results.

During the year Mr. L. Wood was appointed part-time Rodent Operator and his services have been of great value during the year.

## **Common Lodging Houses**

There are no Common Lodging Houses registered within the Urban District.

## **Caravan Site**

There is one licenced Caravan Site in the district which is for residential purposes and will accommodate eighteen modern trailer caravans.

The area is well laid out and is undoubtedly serving a useful purpose. The laying of separate sink drains for each caravan and also the provision of underground electricity cables to each caravan, was completed during the year.

Although it is appreciated that the size and structure of caravans fall far short of the ideal standard of good living accommodation, the provision of water closets, sink drainage, good approaches, electricity, and public lighting being laid on will be very welcome amenities.

## **ATMOSPHERIC POLLUTION**

### **Comments on Observations During 1964**

## **SEWAGE WORKS**

Again it was apparent that the air sulphur dioxide concentration was affected by the amount of rainfall falling every month,



but while smoke was apparently not similarly affected, it was substantially affected by wind strength. Summer pollution was the lowest for some time, whereas the worst pollution ever recorded in the district occurred in December during dense fog halfway through the month. Even so, the monthly average was not unduly high.

Wind direction was also a predisposing factor; smoke concentrations at high level when the wind prevailed in S.E.; SO<sub>2</sub> concentrations highest when the wind prevailed from S. to W.

Smoke readings show a steady winter increase again, whereas SO<sub>2</sub> remained fairly constant throughout the year; only on one occasion did the concentration exceed 200 microgrammes cu. metre in the December fogs. The low reading in March was due to excess rainfall.

## **TOWN HALL ANNEXE**

Throughout the year, a continuation of the trend of increasing difference between Town Hall Annexe and Sewage Works readings was observed, but again the considerable fluctuation at the Sewage Works was probably due to the predominance of mists at the lower level. On the whole, readings at the Town Hall Annexe were more constant, and unlike the Sewage Works, SO<sub>2</sub> readings show a very definite seasonal increase and decline.

The lowest pollution was observed when the Southerly wind prevailed, especially so in the case of the June maximum when, in spite of abnormal rainfall, the wind prevailed away from the South.

The severe pollution in December was due again to the dense fog in the month.

## **SOOT DEPOSIT GAUGE**

The relationship between deposited solids and amount of rainfall was again apparent. Peak month March had 4.18 ins. rainfall whereas November and January which both had low deposits also had low rainfall. For the second year running the results for one month were extremely exaggerated, due to the suspected addition by person unknown of extraneous matter. The clues however point to a different culprit since the bias was on soluble matter last year but on insoluble matter in 1963!

# WIND DIRECTION AND WEATHER IN DAYS

Month	Wind Direction							Weather					Num-ber of Days Re-corded		
	N	NE	E	SE	S	SW	W	NW	Bright or Sunny	Cloudy	Rain or Show-ers	Snow		Fog	Pre-vail-ing Wind
January	0	3	5	1	6	4	7	5	17	10	2	2	0	W	31
February	1	3	4	5	5	1	4	6	10	10	5	3	1	NW	29
March	0	12	3	10	4	0	0	2	9	11	8	3	0	NE	31
April	2	5	1	2	7	4	6	3	18	5	7	0	0	S	30
May	0	5	2	3	2	9	5	5	24	5	2	0	0	SW	31
June	4	6	1	3	1	4	7	4	14	5	11	0	0	W	30
July	0	0	0	1	1	15	6	8	17	5	9	0	0	SW	31
August	3	4	0	2	1	7	3	11	19	6	6	0	0	NW	31
September	0	1	4	2	5	8	9	1	20	6	4	0	0	W	30
October	0	3	5	4	2	3	8	6	14	8	5	0	4	W	31
November	0	11	1	1	1	5	8	3	7	10	9	0	4	NE	30
December	7	2	0	0	5	10	4	3	12	7	10	1	1	SW	31
TOTALS	17	55	26	34	40	70	67	57	181	88	78	9	10	—	366

# SOOT DEPOSIT GAUGE

Month	Period of Exposure in days	Monthly Rain Deposit in Inches	Total Water Insoluble Matter in Tons/sq.mile	Total Water Soluble Matter in Tons/sq.mile	Total Solids in Tons/Sq.mile	Total Tonnage on District	Prevailing Wind
January	29	0.79	5.00	3.84	8.84	27.58	W
February	31	0.75	8.90	6.74	15.64	48.80	NW
March	30	4.18	10.61	11.01	21.62	67.42	NE
April	34	1.77	7.50	8.17	15.67	48.59	S
May	27	1.22	8.27	5.04	13.31	41.53	SW
June	30	2.44	7.44	5.24	12.68	39.53	W
July	31	1.73	5.77	4.34	10.11	31.54	SW
August	31	1.26	4.84	3.63	8.47	26.43	NW
September*	31	2.13	5.87	55.96	61.83	192.91	W
October	31	1.14	5.24	3.77	9.01	28.11	W
November	29	0.99	4.47	2.70	7.17	22.37	NE
December	34	2.40	4.77	5.60	10.37	32.35	SW
TOTALS	368	20.80	78.68	116.04	194.72	607.16	—
Monthly Averages	—	1.733	6.557	9.670	16.227	50.597	—

\* **Analyst's Comments :** The figure for volume of water for September is abnormally high for September in the district. The figure for Dissolved Matter is also abnormally high. These figures do not appear to be due to rainfall and atmospheric pollution.



TOWN HALL ANNEXE		SMOKE Microgrammes per Cubic metre				SULPHUR DIOXIDE Microgrammes per Cubic metre			
Month		Highest Daily Average	Wind Direction	Monthly Average	Prevailing Wind	Highest Daily Average	Wind Direction	Monthly Average	Prevailing Wind
January	.... ....	824	SE	442	W	598	SE	267	W
February	.... ....	764	SE	338	NW	459	SE	190	NW
March	.... ....	488	SE	309	NE	290	SE	168	NE
April ....	.... ....	376	N	185	S	282	N	131	S
May ....	.... ....	136	SE	99	SW	172	SE	85	SW
June ....	.... ....	244	W	136	W	205	W	106	W
July	.... ....	180	SW	84	SW	151	SW	79	SW
August	.... ....	148	NW	75	NW	191	W	91	NW
September	.... ....	412	E	134	W	458	E	144	W
October	.... ....	752	SE	341	W	479	SE	211	W
November	.... ....	776	NE	358	NE	511	NE	225	NE
December	.... ....	1732	N	406	SW	1500	N	273	SW

SEWAGE WORKS		SMOKE Microgrammes per Cubic metre				SULPHUR DIOXIDE Microgrammes per Cubic metre			
Month		Highest Daily Average	Wind Direction	Monthly Average	Prevailing Wind	Highest Daily Average	Wind Direction	Monthly Average	Prevailing Wind
January	.... ....	884	NW	332	W	186	E	82	W
February	.... ....	576	SE	197	NW	131	SE	54	NW
March	.... ....	360	SE	134	NE	76	NE	40	NE
April	.... ....	280	W	131	S	119	N	53	S
May	.... ....	160	W	76	SW	80	W	33	SW
June	.... ....	156	SW	86	W	66	SW	35	W
July	.... ....	176	W	79	SW	44	SW	25	SW
August	.... ....	132	NW	67	NW	111	SW	39	NW
September	.... ....	332	SE	120	W	181	SE	66	W
October	.... ....	474	SE	249	W	117	W	65	W
November	.... ....	612	NE	295	NE	158	SE	77	NE
December	.... ....	1408	S	353	SW	624	N	98	SW

## **PUBLIC CLEANSING SERVICE**

The information contained in this section of the report relates to the financial year ended 31st March, 1965.

### **REFUSE COLLECTION**

The refuse collection service for the year under review was not satisfactory and left much to be desired. Dustbins were emptied 42 times during the year which means an average of once every 8.7 days. Pails were emptied every week regularly and so were dustbins in difficult parts of the district such as the prefab estate and Jump Farm Estate.

Once again the two main essentials of the service, manpower and transport were responsible for the delays in collection. The year 1964-65 had an abnormally high sickness rate and so far as No. 6 vehicle was concerned it is surprising that the department managed to keep it on the district for any length of time having regard to its age and poor mechanical condition.

It was anticipated that the new vehicle would be delivered in the Autumn but unfortunately it did not arrive until April 1965. This meant of course that so far as transport was concerned I was having to operate an essential service on a shoestring of vehicles. I feel that in future a vehicle should be replaced as soon as it reaches a stage where repairs and attention are constantly necessary.

### **TRANSPORT (Year ending 31st March, 1965)**

#### **Fleet No. 3 Refuse Collection Vehicle**

Shelvoke & Drewry Ltd. (Diesel Engine), 11 cubic yards capacity side loader (Registered 1/11/1960).

#### **Fleet No. 4 Refuse Collection Vehicle**

Shelvoke & Drewry Ltd. (Diesel Engine), 13 cubic yards capacity side loader (Registered 1/5/1958).

#### **Fleet No. 6 Refuse Collection Vehicle**

Shelvoke & Drewry Ltd. (Petrol Engine), 16-18 cubic yard capacity rear loading fore and aft tipper (Registered 18/4/1953).



### **Fleet No. 1 Tractor**

Bristol Duplex tracked vehicle (Diesel Engine), (Registered 23/6/1961).

### **Fleet No. 2 Gully and Cesspool Emptier**

Shelvoke & Drewry Ltd. (Diesel Engine), (Registered 6/3/1956).

### **Fleet No. 5 Mechanical Road Sweeper**

Karrier Yorkshire Diesel Engine), (Registered 8/7/1957).

The following new vehicle is now in use and Fleet No. 6 is being used as a reserve.

### **Fleet No. 24 Refuse Collection Vehicle**

Shelvoke & Drewry Ltd. (Diesel Engine) 20 cubic yard pakamatic with hydraulically operated mechanical bin loading equipment (Registered 21/4/1965).

## **REFUSE DISPOSAL**

### **TIPPING**

During the year tipping was virtually completed on the site previously occupied by the old salvage shed and it only remains now for a suitable covering of soil and levelling by the Parks Department.

Tipping commenced in the bottom pond which adjoins Milton Road and it is my intention to tip level with the road and form another large expanse of land which could be utilized to form further sporting amenities in conjunction with the part already completed.

Land reclamation by controlled tipping is a fascinating operation and gives me some satisfaction to see a worthless area of land slowly take shape into an amenity which will be of great value to the community for many years to come.

Further tipping locations to follow the Milton Forge areas have been suggested and these are being investigated. There are many difficulties involved but these will have to be overcome for it is essential that a suitable site is found within the next year or so.

# SALVAGE

There was a slight increase in the amount of salvage waste paper which was sold to Thames Board Mills during the year. This increase followed the lifting of restrictions in the amount of waste materials which the Mills would accept. It is hoped that our output can be increased once again but the co-operation of the general public will be necessary. It helps the collectors and sorters a great deal if newspapers and magazines are bundled together in a clean and dry condition. Cardboard boxes are easier to handle if flattened out.

## Refuse Receptacles

Ward	Pails etc.	Dustbins	Total
Hoyland	—	1,983	1,983
Hoyland Common	1	1,242	1,243
St. Peter's	1	1,055	1,056
Elsecar	11	1,324	1,335
Totals	13	5,604	5,617

## Summary of Work Done

Receptacles	No. Emptied	No. of Loads	Estimated Weight		
Dustbins	239,701	2,507	T 9,234	C 2	Q 0
Privy Middens	10	3	8	14	0
Pails	620	12	34	16	0
Total	140,331	2,522	9,277	12	0
Trade Refuse	10,808	896	795	15	0
Grand Total	251,139	3,418	10,072	17	0

# PUBLIC CLEANSING SERVICE COSTS

Year Ending 31st March, 1965

## EXPENDITURE

	£	s.	d.	£	s.	d.
<b>Refuse Collection</b>						
Wages .....	10,885	10	9			
Tools and Implements .....	24	4	0			
Miscellaneous .....	33	19	1			
Protective Clothing .....	93	13	10			
				11,037	7	8
<b>Refuse Disposal</b>						
Wages .....	678	11	9			
Rent, Rates, Tax and Insurance .....	50	8	8			
Motor repair and maintenance .....	757	6	2			
Miscellaneous and fuel .....	84	4	0			
				1,570	10	7
<b>Salvage</b>						
Wages .....	927	3	2			
Miscellaneous .....	146	17	2			
New baling press .....	320	12	7			
				1,394	12	11
<b>Transport</b>						
Wages .....	1,919	10	2			
Rent, Rates, Tax and Insurance .....	252	4	2			
Fuel, Light and Water, Petrol and Oil .....	501	15	6			
Repairs to Motors:—						
(a) Wages .....	330	9	11			
(b) Materials .....	734	12	3			
				3,738	12	0
<b>Sick Pay</b> .....	790	7	10			
				790	7	10
<b>Gross Cost of Service</b> .....				18,531	11	0



## PUBLIC CLEANSING SERVICE REVENUE

The following is a detailed list of the Department's Revenue obtained during the year.

			T.	c.	q.	£	s.	d.
<b>Refuse Collection</b>								
Trade Refuse Charges	.....	.....	—	—	—	61	1	8
<b>Refuse Disposal</b>								
Tipping Fees	.....	.....	—	—	—	21	10	0
<b>Salvage</b>								
Baled Waste Paper	.....	.....	76	18	1	677	7	7
Metals	.....	.....		10	1	3	0	0
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			77	8	2	762	19	3

## PUBLIC CLEANSING SERVICE

Year Ending 31st March, 1965.

	£	s.	d.
<b>Operational Statistics</b>			
1. Gross Expenditure	18,531	11	0
2. Revenue	762	19	3
	<hr/>	<hr/>	<hr/>
NETT COST	£17,768	11	9
	<hr/>	<hr/>	<hr/>
3. Gross cost per ton	1	15	3
4. Average cost per premise per annum	3	4	0
5. Area (Statute acres) land and inland water		1,999	
6. Population		15,740	
7. Total refuse collected (tons)		10,072	
8. Weights (cwts) per 1,000 population per day			
365 days in the year		35.1	
9. Number of premises from which refuse is collected		5,546	
10. Premises from which daily collection is made		Nil	
11. Frequency of collection		8.7 days	
12. Kerbside collection, if practised, expressed as estimated percentage			—
13. <b>Methods of Disposal</b>			
a) Crude Tipping			—
b) Controlled Tipping		100%	
c) Direct Incineration			—
d) Separation and controlled tipping			—
e) Other methods			—

## **MUNICIPAL DUSTBIN SCHEME**

During the year 1964-65 488 dustbins were issued to premises within the district under the terms of Section 75 (3) of the Public Health Act, 1936. Of this number 241 dustbins were issued to private houses, 233 to Council houses and 14 for trade refuse purposes. The Total cost of the bins amounted to £1,002 16s. 8d.

Each 3½ cu. ft. dustbin is embossed with the letters H.N.U.D. C. and the year of issue.

The present scheme was started fourteen years ago and has proved satisfactory.

## **CESSPOOLS AND GULLY EMPTYING**

All cesspools in the district were emptied at fortnightly intervals. No complaints were received of overflowing systems.

Street gullies were kept in a clean and free running condition by means of regular cleansing. However certain gullies in the district become quickly choked following heavy rain on account of connections to defective soakaway systems or because they are situated in particularly vulnerable positions, for example at the bottom of a hill.

## **STREET SWEEPING**

There is one mechanical road sweeper and three manual sweepers employed in the district.

Unfortunately there is still too much litter carelessly thrown down by the general public.

All scraps of paper, whether it be bus tickets, bingo cards, sweet wrappers or cigarette cartons should be deposited in a proper receptacle or taken home for disposal.

## **PUBLIC CONVENIENCES**

During the year, the Hawshaw Lane conveniences and the Platts Common Park conveniences were repaired and improved in order to bring them up to a decent standard.

Unfortunately the usual amount of damage to the conveniences was carried out by vandals, but with the co-operation of the public and a little more consideration on the part of the persons who are

usually responsible for damage to public property I consider that vandalism will decrease in this district. The department always endeavours to repair any damage as soon as it is discovered in order to obviate inconvenience to users.

## CONCLUSION

The field of environmental health presents many problems and although most of these can be handled by a competent staff other problems require consultation and co-operation with other persons in order to arrive at satisfactory conclusions.

During the year I received this co-operation from the Council and their support of my endeavours to pursue a progressive course of action is greatly appreciated. To all my colleagues and my staff who gave spontaneous help and assistance I offer my sincere thanks also.

I am, Mr. Chairman, Ladies and Gentlemen

Your obedient servant,

HORACE SMITH

Chief Public Health Inspector and Cleansing Superintendent







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